Amendments to the Specification:

On pages 18-19, please delete paragraph **[0105]** and replace it with the following paragraph:

[0105] Distal anchor member 252 and proximal anchor member 254 may be connected by a flexible center joint 259 (FIGURE 25). As previously described, in at least some embodiments, center joint 259 includes a stretchable elastomeric material. In at least some embodiments, center joint 259 includes a thrombogenic or inflammatory material, such as polyester, biological tissue, bioresorbable polymer, small diameter springs, *e.g.,* nitinol springs, spongy polymeric material, or combinations of the foregoing materials. In at least some embodiments, center joint 259 is textured, porous, or in the form of a single- or double-sided hook material, such as Velcro. These types of surfaces produce inflammatory responses and, therefore, promote faster tissue ingrowth and defect closure. In particular embodiments and as shown in FIGURE 25, center joint 259 is formed of a deformable or expandable film, such as those disclosed in United States Patent Application Nos. 2002/0165600 and 2002/0165576 (both of which are incorporated herein by reference). For example, center joint 259 may be formed of a shape memory film (*e.g.,* nitinol film) or a polymeric film. Small openings 471, *e.g.,* slits or holes, may be cut in the film such that, as the film expands upon deployment *in vivo*, the openings 471 also expand (FIGURES ~~47A~~ 48A and ~~47B~~ 48B). In this manner, the center joint 259 is rendered more flexible and capable of expanding significantly in length without placing excessive strain on the closure device (FIGURE ~~47B~~ 48B). In some embodiments, the closure device 250 may include two flexible center joints 259a and 259b (FIGURE 33).

On pages 19-20, please delete paragraph **[0107]** and replace it with the following paragraph:

[0107] Center joint 259 may be connected to distal and proximal anchor members 252 and 254, respectively (FIGURES 35 and 36), or, if present, to tissue scaffolds 260 (FIGURE 25). Center joint 259 may connect to tissue scaffolds 260 at their centers (FIGURE 25), at a location on their peripheries (FIGURES 33 and 34), or somewhere in between (FIGURE 48A). In particular embodiments, center joint 259 is connected at a location between the center and a periphery of tissue scaffold 260 on distal anchor member 252 and at a location between the center and opposite periphery of tissue scaffold 260 on proximal anchor member 254 (FIGURE ~~48A~~ 49A) so as to more closely approximate the angled, tunnel-like anatomy of the PFO and reduce the profile of closure device 250 *in vivo* (FIGURE ~~48B~~ 49B). For example, as shown in FIGURES ~~48A~~ 49A and ~~48B~~ 49B, center joint ~~260~~ 259 may be connected to the tissue scaffold 260 of distal anchor member 252 at a location between the center of the tissue scaffold 260 and the arc 256a and connected to the tissue scaffold 260 of proximal anchor member 254 at a location between the center of tissue scaffold 260 and the arc 258b.

At page 21, please delete paragraph **[0110]** and replace it with the following paragraph:

[0110] One of skill in the art will, of course, recognize that the maximum amount of slack 375 in the recovery string 374 is dependent upon the distance ball 372 may travel between ends 255 and 257 of proximal anchor member 254. Slack 375 increases as ball 372 travels closer toward the terminus of end 257. Thus, the amount of slack 375 may be adjusted by altering the tapering of the internal diameter of ends 255 and 257. Additionally, the slit ~~480~~ 460 splitting ends 255 and 257 of proximal anchor member 254 into arcs 258a and 258b may be extended toward the termini of ends 255 and 257 so as to maximize the distance ball 372 may travel within proximal anchor member 254 and, correspondingly, the slack 375 (FIGURE ~~46~~ 47).

At page 23, please delete paragraph **[0113]** and replace it with the following paragraph:

[0113] The delivery and recovery system of device 250 may be modified in various ways, one of which is shown in the device 490 of FIGURES ~~49-50~~ 50-51. String 374 may be extended from end 255 of proximal anchor member 254 toward arc 258a, be attached to arc 258 at a point Y, further extend from arc 258a to form delivery/recovery string 491, and terminate in delivery/recovery ball 492 (FIGURE ~~49~~ 50). The device 490 may be deployed as described above, except that only grips 401 would be necessary hold delivery/recovery ball 492 and manipulate the tension applied to delivery/recovery string 491 during delivery. To retrieve device 490, grips 401 apply sufficient tension to delivery/recovery string 491 to break its connection to arc 258a of proximal anchor member 254 at point Y (FIGURE 50). By applying further tension to delivery/recovery string 374 by pulling delivery/recovery ball 492 towards the proximal end of the catheter 370, device 490 orients in a longitudinal manner and may be withdrawn into the catheter 370 as described previously.